

# Prescription Program

Drug list — To be used by members who have a formulary drug plan.

*Anthem Blue Cross and Blue Shield prescription drug benefits include medications available on the Anthem Drug List. Our prescription drug benefits can offer potential savings when your physician prescribes medications on the drug list.*

**For more information about your drug plan, you can do the following:**

- **Go to anthem.com**
- **Call customer service at the number on your ID card**
- **Speech and hearing impaired users (TDD/TTY) should call 800-221-6915, Monday – Friday, 8:30 a.m. – 5:00 p.m., ET**
- **Bring a copy of this drug list to your next doctor's visit to help you and your doctor select the lowest cost medicine**

**KEY**

**First letter is lower-case** – A generic drug that has the lowest copay.  
Example: levora.

**First letter is a capital** – A brand-name drug that has a middle copay.  
Example: Levothroid®.

**t** – A generic version of this drug recently became available or will be available soon. After the generic drug becomes available and the people affected are given notice, this brand-name drug will no longer be on our drug list. It will either become a Tier 3 drug in your plan or it may no longer be covered.

**\*** – Brand-name versions of these drugs are not on our list (these drugs have the highest copay).

**^** – This drug has clinically equivalent options that are included on the drug list. Because there are these options, the drug may not be covered.

**#** – Not on drug list for members in Indiana.

## ANTHEM BLUE CROSS AND BLUE SHIELD DRUG LIST

**Q. What is a Drug List?**

A. The Anthem Drug List, also called a formulary, is a list of U.S. Food and Drug Administration (FDA)-approved brand-name and generic drugs that have been reviewed and recommended for their quality and how well they work. The review is done by the National Pharmacy and Therapeutics (P&T) Process. The P&T Process is performed by an independent group of practicing doctors and pharmacists in charge of the research and decisions surrounding our drug list. This group meets regularly to review new and existing drugs and they choose the top drugs for our list – based on their safety, how they work and their value.

Because the drugs on our list are reviewed from time to time, it's a good idea to check the list to find out if any drugs have been added or removed. You can do this by going to [anthem.com](#).

**Q. What is a brand-name drug?**

A. These are drugs that are developed by a company who holds the rights to sell them. When the rights expire, other drug companies can make their own version of the drugs (see generic drugs below). You may be more familiar with brand-name drugs through advertising or because you know people who take them.

**Q. What is a generic drug?**

A. Generics are simply copies of brand-name drugs. Brand-name and generic drugs have the same active ingredients, strength and dose. And the FDA requires that generic drugs meet the same high standards for purity, quality, safety and strength. With generics, you get the same quality for less money.

**Q. What are "clinically equivalent" medications? How does this affect my drug coverage?**

A. When drugs are compared in studies, some drugs have been found to be just as effective as others. These drugs are called "clinically equivalent" so it means they work just as well. Part of the P&T Process is to review the most current studies to see if multiple drugs used to treat a disease or a condition have the same effect on a patient. When this is the case, the Process review team may suggest that we cover only the lower cost drug (so we can help keep the overall cost of care as low as possible). This means your specific drug plan may not cover some drugs (indicated by a ^ symbol next to the drug name) that have clinically equivalent options.

**Q. What if my medication is not on the drug list?**

A. You may want to first check with your doctor about prescribing a drug that is on the drug list. If your doctor prescribes a drug that's not on the drug list, you will need to pay the copayment that applies to drugs that are not on the list.

**Q. Can I request that a drug be added to the drug list?**

A. You or your doctor can put in a request to add a drug to the drug list. You can do this either in writing or on our website. Requests are reviewed by the P&T Process team during the drug list review. **Please note that if a drug request is approved, it does not guarantee coverage. Some drugs, such as those used for cosmetic purposes, may be excluded from your benefits. Please refer to your insurance Certificate or Evidence of Coverage to know for sure.**

## Drugs are listed alphabetically by brand name

A	Amicar 500mg (aminocaproic acid)*	Avinza	Carbatrol (carbamazepine ER)	Cyclocort (amcinonide)*	Dexedrine, CR (dextroamphetamine)*
A/T/S Topical Solution (erythromycin)*	amitriptyline	Avodart	Cardizem, CD, LA, SR (diltiazem)*	Cyclergyl (cyclopentolate)*	Dextrostat (dextroamphetamine)*
Abilify	amitriptyline/ perphenazine	Axid (nizatidine)*	Casodex (bicalutamide)*	Cylert (pemoline)*	Diabeta (glyburide)*
Acanya	Amoxil (amoxicillin)*	Aygestin (norethindrone)*	Catapres, TTS (clonidine)*	Cymbalta	Diamox (acetazolamide)*
Accolate (zaflunkast)*	Anafranil (clomipramine)*	Azasan	Clarinex^ (desloratadine)*	ciproheptadine	Diastat (diazepam gel)
Accu-Check product line	Analpram HC lotion	AzaSite	Cleocin (clindamycin)*	Cytomel (liothyronine)*	Dibenzyline
Accutane (isotretinoin)*	Anaprox, DS (naproxen sodium, DS)*	Azilect	Clobex shampoo, lotion (clobetasol)*	Cytotec (misoprostol)*	Differin (adapalene)*
Aceon (perindopril)*	Ancobon (flucytosine)*	Azopt	Colazol	Cytovene (ganciclovir)*	Differin 0.1% lotion
Aci-Jel Jelly (acetic acid vaginal)*	Androgel	Azulfidine, Entabs (sulfasalazine, EC)*	Colcrys	Cytoxan (cyclophosphamide)*	Differin 0.3% gel
Actigall (ursodiol)*	Anexia (hydrocodone/ APAP)*	B	Colyte (polyethylene glycol-electrolyte solution)*	Cytra-2, Cytra-3	Diflucan (fluconazole)*
Activella (estradiol/ norethindrone)*	Ansaid (flurbiprofen)*	Bactrim DS (Sulfamethoxazole/ trimethoprim, DS)*	Combigan	Cytra-K	dilunisal
Actonel	Antabuse (disulfiram)*	Antivert (meclizine)*	CombiPatch	D	Dilacor XR (diltiazem CR)*
Actoplus Met, XR	Anturane	Bactroban	Combipres (clonidine/ chlorthalidone)*	Dalmane (flurazepam)*	Dilantin (phenytoin)
Actos (pioglitazone)*	(sulfinpyrazone)*	Baraclude	Combivent, Respimat	Danocrine (danazol)*	Dilauidid (hydromorphone)*
Acular, LS (ketorolac)*	Anusol HC 25mg	Benadryl (diphenhydramine 50mg)*	Combivir (lamivudine/ zidovudine)*	Dantrium (dantrolene)*	diltia XT
Akne-Mycin	Suppositories (hydrocortisone)*	Bentyl (dicyclomine)*	Compazine Supp 25mg (prochlorperazine supp 25mg)*	Dapsone	Diovan†
Adalat CC (nifedipine ER)*	Apresazide (hydralazine/ HCTZ)*	Benzac, AC, W (benzoyl peroxide)*	Compazine Tab (prochlorperazine)*	Daraprim	Diovan HCT (valsartan/ HCTZ)*
Adderall (amphetamine/ dextroamphetamine)*	Apresoline (hydralazine)*	apri	Comtan†	Darvocet-N (propoxyphene/APAP)*	Diprolene Ointment (betamet diprop/prop gly)*
Adderall XR (amphetamine/ dextroamphetamine^#)	Apriso	Arava (lefunomide)*	Concerta (methylphenidate ER)*	Darvon Compound (propoxyphene/aspirin/ caffeine)*	Diprosone (betamethasone dipropionate)*
Adoxa (doxycycline monohydrate)*	Aricept (donepezil 5, 10mg)*	Aricept 23mg	Condylux Solution (podoflox solution)*	Daypro (oxaprozin)*	Disalcid (salsalate)*
Advair	Arimidex (anastrozole)*	Arimidex (anastrozole)*	Cordarone (amiodarone)*	DDAVP (desmopressin acetate)*	Ditropan (oxybutynin)*
Advicor	Aristocort Topical (triamcinolone- acetonide)*	Aristocort Topical (triamcinolone- acetonide)*	Coreg (carvedilol)*	Decadron (dexamethasone)*	Dolophine (methadone)*
Akne-Mycin	Arixtra (fondaparinux)*	Betagan (levobunolol)*	Coreg CR	Deconamine S.R. (chlorpheniramine/ pseudoephedrine)*	Domeboro (acetic acid/ aluminum acetate)*
Albalon (naphazoline)*	Armour Thyroid (thyroid)	Betoptic S	Corgard (nadolol)*	Donnatal (belladonna/ phenobarbital)*	Donnatal (belladonna/ phenobarbital)*
Aldactazide (spironolactone/HCTZ)*	Aromasin (exemestane)*	Biaxin, XL	Cortef (hydrocortisone)*	Doryx (doxycycline DR)*	Doryx (doxycycline DR)*
Aldactone (spironolactone)*	Artane (trihexyphenidyl)*	(clarithromycin, er)*	Cortenema	Dostinex (cabergoline)*	Dostinex (cabergoline)*
Aldara (imiquimod)*	Asacol, HD	Bicitra (sodium citrate & citric acid)*	(hydrocortisone enema)*	Dovonex cream	Dovonex cream
Aldomet (methyldopa)*	Asendin (amoxapine)*	BiDil	Cortisporin Opth (bacitracin - polymyxin/ neomycin-hc oph oint)*	Doxycycline oint & soln (calipotriene)*	Doxycycline oint & soln (calipotriene)*
Aldoril (methyldopa/ HCTZ)*	Asmanex	Bleph-10 (sulfacetamide- sodium solution)*	Cortisporin Otic (neomycin/polymixin/ hydrocortisone)*	Duac (clindamycin/ benzoyl peroxide gel)*	Duac (clindamycin/ benzoyl peroxide gel)*
Alesse (aviane)*	Astelin (azelastine)*	Astupro	Cosopt (dorzolamide/ timolol)*	Duetact	Duetact
Alkeran	Atarax (hydroxyzine HCL)*	Brethine (terbutaline)*	Coumadin (warfarin)	Dulera	Dulera
Allegra^ (fexofenadine)*	Ativan (lorazepam)*	Brilinta QL	Cozaar (losartan)*	Duragesic (fentanyl)*	Duragesic (fentanyl)*
Allegra D^ (fexofenadine/PSE)*	Atrovent HFA	Bumex (bumetanide)*	Creon	Duratuss G (guaifenesin SR)*	Duratuss G (guaifenesin SR)*
Alphagan, P (brimonidine)*	Atrovent (ipratropiumbromide)*	Buspar (buspirone)*	Crestor	Durezol	Durezol
Alphagan P 0.1%	Augmentin, XR (amoxicillin/clavulanic acid)*	Bydureon	Crixivan	Duricef Caps/Tabs (cefadroxil)*	Duricef Caps/Tabs (cefadroxil)*
Altace (ramipril)*	Auralgan (antipyrine/ benzocaine)*	Caduet (amlodipine/ atorvastatin)*	Crolom (cromolyn sodium)*	Dynacin (minocycline)*	Dynacin (minocycline)*
Altabax	Avapro (irbesartan)*	Cafergot	Desquamat, E, X (benzoyl peroxide)*	Dynapen (dicloxacillin)*	Dynapen (dicloxacillin)*
Alupent (metaproterenol)*	Avalide (irbesartan/ HCTZ)*	Canasa	Desyrel (trazodone)*	E	E.E.S. (erythromycin ethylsuccinate)*
Amaryl (glimepiride)*			Detrol (tolterodine)*		
Ambien, CR (zolpidem, ER)*			Detrol LA		
Amerge (naratriptan)*					
Amevive*					

EC-Naprosyn (naproxen EC)*	Fast Take Product Line	Glucophage XR (metformin ER)*	Intal Solution (cromolyn)*	Lamisil tablet (terbinafine)*	Lotensin (benazepril)*
Econopred Plus 1% Eye Drops (prednisolone)*	FazoClo ODT	Glucotrol XL (glipizide XL)*	Invirase	Lanoxin	Lotensin HCT (benazepril HCTZ)*
Edurant	Felbatol (felbamate)	Glucovance (glyburide/ metformin)*	ISMO (isosorbide mononitrate)*	Lanoxicaps	Lotrel (amlodipine/ benazepril)*
Effexor (velafaxine)*	Feldene (piroxicam)*	Glynase PresTab (glyburide micronized)*	isoniazid	Lantus	Lotrisone (clotrimazole/ betamethasone)*
Effexor XR (velafaxine ER)*	Femara (letrozole)*	Glyset	Isoptin, SR (verapamil, SR)*	Lariam (mefloquine)*	Lovaza
Effient	Fem HRT 0.5/2.5	Golytely Solution (PEG- electrolyte for solution)*	Isopto Atropine (atropine sulfate)*	Lasix (furosemide)*	Lovenox (enoxaparin)*
Efidex (fluorouracil)*	Fem HRT (Jinteli 1-5)*	Granulex (trypsin/balsam peru/castor oil)*	Isopto Carpine (pilocarpine HCl)*	Ieucovorin	Loxitane (loxapine)*
Eldepryl (selegiline)*	Femtrace	Gynodiol (estradiol)*	Isopto Homatropine (homatropine)*	Leukeran	Lozol (indapamide)*
Elestat^ (epinastine)*	Fexmid		isosorbide dinitrate	Leukine	Lufyllin (dyphylline)*
Elidel	(cyclobenzaprine)*		Jalyn	Levaquin (levofloxacin)*	Lupron (leuprolide)*
Elimite (permethrin)*	Fibricor (fenofibric acid)*		Janumet, XR	Levbid (hyoscyamine)*	Lumigan
Elixophyllin (theophylline syrup)*	Finacea		Januvia	Levemir	Luride (sodium fluoride)*
Elocon (mometasone)*	Fioricet (APAP/caffeine/ butalbital)*		Jentadueto	Levlen (levonorgestrel & ethinyl estradiol)*	
Emcyt	Fiorinal (aspirin/caffeine/ butalbital)*		Juvisync	Levo-Dromoran (levorphanol tartrate)*	
Empirin w/Cod (asa/ codeine)*	Fiorinal w/Codeine (butalbital compound w/codeine)*			levora	
Emtriva	Flagyl (metronidazole)*			Levothroid	
Endal HD (phenyleph hcl/ hydrocod bit/cp)*	Flexeril (cyclobenzaprine)*			Levoxyl	
Entex PSE (guaifenesin/ pseudoephedrine)*	Flomax (tamsulosin)*			Levsin (hyoscyamine)*	
Entocort EC (budesonide EC)*	Flonase (fluticasone)*			Lexapro (escitalopram)*	
Epifrin (epinephrine HCl)*	Florinest (fludrocortisone)*			Lexiva	
Epipen, JR	Flovent HFA			Lialda	
Epivir (lamivudine)*	Floxin Otic (ofloxacin)*			Librium (chlordiazepoxide)*	
Epivir HBV	Floxin tablet (ofloxacin)*			Lidex, E (flucononide)*	
Eryc (erythromycin base)*	Fluropex			Lidoderm	
Erycette 2% Pledgets (erythromycin)*	fluvoxamine			Limbitor DS (amitriptyline/ chlordiazepoxide)*	
Eryderm 2% Topical Solution (erythromycin)*	FML Liquifilm (fluorometholone)*			Lioresal (baclofen)*	
Erymax 2% Topical Solution (erythromycin)*	Fortamet ER (metformin ER)*			Lipitor^ (atorvastatin)*	
Erymax 2% Topical Solution (erythromycin)*	Folate (folic acid)*			Lithobid (lithium)*	
EryPed 200 Susp (erythromycin ethylsuccinate)*	Foradil			Lo/Ovral (low-ogestrel)*	
Esgic (acetaminophen/ caffeine/butalb)*	Fosamax (alendronate)*			Lodine (etodolac)*	
Eskalith, CR (lithium)*	Fosamax Solution			Lodine XL (etodolac ER)*	
Estrace (estradiol)*	Fosrenol			Loestrin FE (microgestin 1-20, 1.5/30)*	
Estring	Furadantin (nitrofurantoin)*			Lomotil (diphenoxylate/ atropine sulfate)	
Ethmozine	Furoxone			Loniten (minoxidil)*	
Eulexin (flutamide)*				Lopid (gemfibrozil)*	
Evanist	Gabitril			Lopressor (metoprolol)*	
Evista	Gantrisin			Lopressor HCT (metoprolol/HCTZ)*	
Evoxac^	Garamycin (gentamicin)*			Loprox gel (ciclopirox)*	
Exelon (rivastigmine)*	Gastrocrom (cromolyn)*			Loprox Shampoo (ciclopirox)*	
Exforge, HCT	Gel-Kam Gel (stannous fluoride)*			Lorcet (hydrocodone/ apap)*	
Extina (ketoconazole)*	Geodon capsules (ziprasidone)*			Lortab (hydrocodone/ apap)*	
	Geodon inj			LoSeasonique (amethia lo)*	
	Gleevec			Lotemax	
	Glucagon				
	Glucophage (metformin)*				
	Intal Inhaler				

Metroloction (metronidazole lot)*	Nasonex	Norpramin (desipramine)*	Pediazole (erythromycin/sulfisoxazole)*	Pramosone 1% cream only, lotion, oint	Protonix^ (pantoprazole)*
Mevacor (lovastatin)*	Natafort (prenatal vitamin)*	nortriptyline	Pentam (pentamidine isethionate)*	Pramosone 2.5% oint and cream (hydrocort/pramoxine)*	Protopic
Mexitil (mexiletine)*	Natalins (prenatal multivitamins and minerals/iron/fa)*	Norvasc (amlodipine)*	Pentasa	Prandin	Proventil, Tab, Syrup (albuterol)*
Micro-K (potassium chloride)*	Norvir	Novafed A (pseudoephedrine hcl/chlormal)*	Pepcid (famotidine)*	Pravachol (pravastatin)*	Provera (medroxyprogesterone)*
Micronase (glyburide)*	Navane (thiothixene)*	NuLev (neosol)*	Percocet (oxycodone/APAP)*	Precose (acarbose)*	Provigil (modafinil)*
Microzide (hydrochlorothiazide caps)*	Nebupent	Nuvaring	Percodan (oxycodone/aspirin)*	Pred Forte 1% (prednisolone)*	Prozac (fluoxetine)*
Midamor (amiloride)*	necon	Nystatin	Perforomist	prednisone	Psorcon (diflorasone diacetate)*
Midrin (isometh/dichlphen/APAP)*	NeoDecadron (neomycin/dexamethasone)*	O	Peridex (chlorhexidine gluconate)*	Prealone (prednisolone)*	Pulmicort Flexhaler
Minipress (prazosin)*	neomycin	Ocuflen (flurbiprofen sodium)*	Periostat (doxycycline)*	Premarin oral, vaginal cream	Pulmicort Respules 0.25mg/2ml, 0.5mg/2ml (budesonide)*
Minocin Capsule (minocycline)*	Neoral	Ocuflax (ofloxacin)*	Persantine (dipyridamole)*	Premphase	Pulmicort Respules 1mg/2ml
Mintezol	Neosporin soln (neomycin/polymyxin/gramicidin)*	Ocupress (carteolol hcl)*	Phenergan DM (promethazine/dextromethorphan)*	Prempro	Purinethol (mercaptopurine)*
Miralax (glycolax)*	Neosporin oint (neomycin/polymyxin/bacitracin)*	Oforta	Phenergan VC syrup (promethazine/phenylephrine)*	Prenate Advance (prenatal w/docusate, iron, folic acid)*	pyrazinamide
Mirapex (pramipexole)*	NeoSynephrine (phenylephrine)*	Ogen (estropipate)*	Phenergan/Codeine (promethazine/codeine)*	Prenate Ultra (multi-vitamins w/folic acid)*	Pyridium (phenazopyridine)*
Mircette (kariva)*	Neptazane (methazolamide)*	Omnicef (cefdinir)*	Phenergan (promethazine)*	Prevacid^ (lansoprazole, ODT)*	
Mobic (meloxicam)*	Neurontin (gabapentin)*	Omnipen (ampicillin)*	Phenergan/Codeine (phenylephrine/promethazine/codeine)*	Prevident (sodium fluoride)*	
Modicon (ethinyl estradiol/norethindrone)*	Nexium	One Touch Product Line	phenobarbital	Priftin	
Monistat-Derm (miconazole nitrate)*	Niaspan	Opana ER	Phoslo (calcium acetate)*	PriLOSEC^ (omeprazole)*	
Monodox (doxycycline monohydrate)*	Niferex-150 Forte (iron/B12/folic acid)*	Opticrom (cromolyn)*	Pilocar (pilocarpine HCl)*	Primaquine	
Monoket (isosorbide mononitrate)*	Nilandron	Optivar^ (azelastine)*	pindolol	Prinivil (lisinopril)*	
Monopril (fosinopril)*	Nitro-Bid (nitroglycerin SR)*	Ortho-Cept (apri, reclipsen)*	Plan B (levonorgestrel)*	Prinzide (lisinopril/hctz)*	
Motrin (ibuprofen)*	Nitro-Dur 0.3, 0.8mg/hr	Ortho-Est (estropipate)*	Plan B One Step (next choice)*	Pristiq	
Moxeza	Nitro-Dur 0.1, 0.2, 0.4, and 0.6mg/hr (nitroglycerin patch)*	Ortho Evra	Plaquenil (hydroxychloroquine)*	ProAmatine (midodrine)*	
MS Contin (morphine SR)*	Nitrol (nitroglycerin ointment)*	Ortho-Novum (necon)*	Plavix (clopidogrel)*	ProAir HFA	
MSIR (morphine sulfate)*	Nitrolingual spray	Ortho Tri-Cyclen (trinessa)*	Plexion SCT	Pro-Banthine (propantheline)*	
Mucomyst (acetylcysteine)*	Nitrostat (nitroglycerin)*	Orudis (ketoprofen)*	Plexion TS (sulfacet sod w/sulfur10/5%)*	probencid	
Myambutol (ethambutol)*	Nizoral (ketoconazole)*	Oruvail (ketoprofen SA)*	Poly-Vi-Flor (multivitamins w/fluoride)*	Procanbid	
Mycobutin	Noctec (chloral hydrate)*	Ovral (ogestrel)*	Polycitra (potassium citrate-citric acid)*	Procardia (nifedipine)*	
Mycolog II (nystatin/triamcinolone)*	Nolvadex (tamoxifen)*	OxyContin (oxycodone ER)	Polycitra-K (Pot. & Sod. Citrates w/citric acid)*	Procardia XL (nifedipine ER)*	
Mycostatin (nystatin)*	Nor-QD (norethindrone)*	P	Polysporin (bacitracin zinc/polymyxin B)*	Proctocort (hydrocortisone)*	
Mydriacyl (tropicamide)*	Nordette (levora)*	Pamelor (nortriptyline)*	Polytrim (polymyxin B/trimethoprim)*	Proctocream-HC (hemorrhoidal cream)*	
Myleran	Norflex (orphenadrine)*	Pancrelipase	Ponstel (mefenamic acid)*	Profasi 10,000 (chorionic gonadotropin)*	
Mysoline (primidone)*	Norgesic (orphenadrine cpd)*	Panoxyl, AQ (benzoyl peroxide)*	Prograf (tacrolimus)	Prograft (tacrolimus)*	
N	Norgesic Forte (orphenadrine cpd Forte)*	Parafon Forte (chlorzoxazone)*	Prolixin (fluphenazine)*	Prolixin (fluphenazine)*	
Naldecon (decongestants)*	Norinyl (necon)*	Paregoric	Proloprim (trimethoprim)*	Proloprim (trimethoprim)*	
Nalfon 600mg (fenoprofen)*	Normodyne (labetalol)*	Parlodol Tab (bromocriptine)*	Prometrium (progesterone)*	Prometrium (progesterone)*	
Namenda	Norpace (disopyramide)*	Parnate (tranylcypromine)*	Ponstel (mefenamic acid)*	Pronestyl, SR (procainamide, SR)*	
Naprosyn (naproxen)*	Norpace CR 100mg	Paxil (paroxetine)*	Potaba Tab (aminobenzoate tab)*	Propine (dipivefrin HCl)*	
Nardil (phenelzine)	Norpace CR 150mg (disopyramide CR 150mg)*	Paxil CR (paroxetine SR)*	potassium chloride	propylthiouracil	
Nasacort AQ (triamcinolone nasal)*	Pediapred (prednisolone sodium phosphate)*	P	Pradaxa	Proscar (finasteride)*	
Nasarel (flunisolide)*				Rifadin (rifampin)*	

Rifamate	Sinemet (carbidopa/levodopa)*	Tambocor (flecainide)*	Tri-Vi-Flor (triple vitamins w/fluoride)*	Valium (diazepam)*	Westcort (hydrocortisone)*
Rifater	Sinemet CR (carbidopa/levodopa CR)*	Tamiflu	Tridesilon (desonide)*	Valtrex (valacyclovir)*	Xalatan (latanoprost)*
Rilutek	Sinequan (doxepin)*	Tapazole (methimazole)*	Trilafon (perphenazine)*	Valturna	Xanax (alprazolam)*
Risperdal (risperidone)*	Singulair (montelukast)*	Tavist syrup, 2.68mg tabs (clemastine fumarate)*	Trileptal (oxcarbazepine)*	Vancocin (vancomycin)*	Xarelto
Risperdal Consta	Skelaxin (metaxolone)*	Tazorac	Trilipix	Vantin (cefpodoxime)*	Xeloda
Risperdal ODT, M-tab (risperidone)*	Slo-Bid (theophylline)*	Tegretol (carbamazepine)	Trimox (amoxicillin)*	Vaseretic (enalapril/hydrochlorothiazide)*	Xibrom (bromfenac)*
Ritalin, SR (methylphenidate, SR)*	Slo-Phyllin 80 Syrup (theophylline anhydros)*	Tegretol XR (carbamazepine ER)	Trimpex (trimethoprim)*	Vasocidin (sulfacetamide sodium-prednisolone ophth sol.)*	Xodol (hydrocodone/apap)*
Ritalin LA 20mg, 30mg, 40mg (methylphenidate er)*	Sodium Sulamyd (sulfacetamide solution)*	Temodar	Trisicon (iron/intrinsic factor/B12)*	Vasocon (naphazoline)*	Xopenex Neb Soln. (levalbuterol)*
RMS Supp (morphine)*	Solaquin Forte (hydroquinone)*	Temovate (clobetasol)*	Triphasil (trivora)*	Vasotec (enalapril)*	Xylocaine (lidocaine)*
Robaxin (methocarbamol)*	Soma (carisoprodol)*	Tenex (guanfacine)*	Trizivir	Veltin	Xylocaine viscous (lidocaine viscous)*
Rocaltrol (calcitriol 0.25, 0.5 mg caps)*	Somavert	Tenoretic (atenolol/chlorthalidone)*	Trusopt (dorzolamide)*	Ventolin HFA	Xyzal^ (levocetirizine)*
Rondec DM syrup (pseudoephed/bromphen-DM 45-4-15)*	Somophyllin (aminophylline)*	Tenormin (atenolol)*	Tussi-12 (phenyleph/chlorphen/carbeta)*	Vepesid (etoposide)*	
Rondec, TR (pseudoephedrine/carboxamine)*	Sonata (zaleplon)*	Terazol (terconazole)*	Tussi-Organidin NR (guaifenesin/codeine)*	Veramyst	<b>Y, Z</b>
Roxicodone (oxycodone)*	Sorbitrate (isosorbide dinitrate)*	Teslac	Tussi-Organidin NR DM (guaifenesin/dextromethorphan)*	Verelan (verapamil SR)*	Yasmin (ocella)*
Rynatan (chlorphen/pyrilamine/phenylephrine)*	Spectazole (econazole)*	Testim	TussiCaps	Vermox (mebendazole)*	Yaz (gianvi)*
Rynatuss tablets, pediatric susp (phenyleph-ephed-cpd w/carbetapentane)*	Spiriva	Teveten (eprosartan)*	Tussionex (hydrocodone/chlorpheniramine)*	VESIcare	Yodoxin
Rythmol, SR (propafenone, ER)*	Sporanox (itraconazole)*	Theo-24	Twinject	Vfend (voriconazole)*	Yocon (yoohimbine)*
Ryzolt (tramadol er)*	Stadol N.S. (butorphanol tartrate 10mg/ml N.S.)*	Theochron (theophylline)*	Tylenol w/Cod (codeine/APAP)*	Vibramycin (doxycycline)*	Xalatan (latanoprost)*
<b>S</b>		Thorazine Tab (chlorpromazine tab)*	Tylox (oxycodone w/acetaminophen)*	Vicodin (hydrocodone/APAP)*	Zanaflex (tizanidine)*
Salagen (pilocarpine)*	Stalevo (carbidopa/levodopa/entacapone)*	Ticlid (ticlopidine)*	Tympagesic (pramoxine/hc/chloroxylenol)*	Vicodin E.S. (hydrocodone/apap)*	Zantac (ranitidine)*
Sanctura (trospium)*	Starlix (nateglinide)*	Tigan (trimethobenzamide)*	Victoza	Victoza	Zarontin (ethosuximide)*
Sandimmune*	Stelazine (trifluoperazine)*	Tilade	VIDEX	VIDEX EC (didanosine)*	Zaroxolyn (metolazone)*
Sandostatin (octreotide acetate)*	Strattera	Timoptic (timololophthalmic)*	Vigamox	Vigamox	Zebeta (bisoprolol)*
Savella	Suboxone SL tab, SL film	Timoptic XE (timolol)*	Viracept	Viokase	Zegerid^ (omeprazole/bicarb)*
Seasonale (jolessa, quasense)*	Subutex (buprenorphine)*	Tindamax (tinidazole)*	Viramune (nevirapine)*	Viokase	Zenate (multi-vitamins w/folic acid)*
Seasonique (amethia, camprese)*	Sular (nisoldipine)*	Tobi	Viramune XR	Zenpep	Zephrex LA (pseudoephedrine/guaifenesin)*
Sectral (acebutolol)*	Sulfacet-R (sodium sulfacetamide/ sulfur)*	Tobradex oint.	Viread	Zerit (stavudine)*	
Selsun (selenium sulfide)*	Sultrin (triple sulfa)*	Tobradex susp.	Viroptic (trifluridine)*	Zestril (lisinopril)*	
Septra, DS (sulfamethoxazole/ trimethoprim, DS)*	Surmontil (trimipramine maleate)*	Uniphyll (theophylline SR)	Vistaril (hydroxyzine pamoate)*	Zestoretic (lisinopril/hctz)*	
Serax (oxazepam)*	Sustiva	Tobrex Soln (tobramycin)*	Vivelle	Zetacet (sulfacetosod w/sulfur 10/5%)*	
Serevent Diskus	Symbicort	Tofranil (imipramine)*	Vivelle Dot	Ziac (bisoprolol/HCTZ)*	
Serophene (clomiphene)*	Symbax 3/25mg	Tolectin (tolmetin)*	Voltaren Gel	Ziagen solution	
Seroquel (quetiapine)*	Symbax except 3/25mg (olanzapine/fluoxetine)*	Topamax	Voltaren Ophth (diclofenac sodium)*	Ziagen tab (abacavir)*	
Seroquel XR	Symmetyl (amantadine)*	Topicort (desoximetasone)*	Voltaren, XR (diclofenac, ER)*	Zithromax (azithromycin)*	
Silvadene (silver sulfadiazine)*	Synalar (fluocinolone acetonide)*	Toprol XL (metoprolol)*	Vosol (acetic acid)*	Zocor (simvastatin)*	
<b>T</b>		Toradol (ketorolac tromethamine)*	Vosol HC (acetic acid/hydrocortisone)*	Zofran (ondansetron)*	
Synthroid (levothyroxine)	Synthroid (levothyroxine)	Toviaz	Vyvanse	Zoloft (sertraline)*	
<b>V</b>		Tradjenta		Zonegran (zonisamide)*	
<b>W, X</b>		Trandate (labetalol)*		Zortress	
Transderm-Skop		Tranxene (clorazepate)*		zovia	
Tagamet (cimetidine)*		Travatan Z		Zovirax Cap (acyclovir)*	
Talacen (pentazocine/apap)*		Trental (pentoxifylline)*		Zovirax Oint	
Talwin NX (pentazocine nx)*		Tricor (fenofibrate)*		Zylet	
TriLeven (levo norgestrel)*		TriLeven (levo norgestrel)*		Zyloprim (allopurinol)*	
				Zyprexa (olanzapine)*	

Anthem is committed to helping you to manage your prescription benefits. Prior Authorization, Quantity Limits, Step Therapy and Dose Optimization are some of the edits recommended by the P&T Committee and approved by your health plan. These edits help ensure you have access to safe, appropriate and effective prescription medications. The lists below are not all-inclusive.

**PRIOR AUTHORIZATION:** medications which require pharmacy benefit manager or plan approval before you may receive benefits.

Actiq (fentanyl citrate)*	Genotropin*	Nuvigil	Serostim*	Xyzal*^
Amevive*	Gleevec	Oforta	Sporanox (itraconazole)*	Zocor (simvastatin 80)*
Androderm*	Humatrop* Humira*	Orencia*	Temodar	Zorbtive*
AndroGel	Incivek*	Pegasys*	Testim	Zyvox*
Botox*	Lyrica*	Peg-Intron*	Tev-Tropin*	
Enbrel*	Norditropin*	Provigil*	Victrelis*	
Fentora*	Nutropin, AQ*	Remicade*	Xeloda	
Forteo*		Saizen*	Xolair*	

**QUANTITY LIMIT:** affects the frequency or dosage of certain medications for which you receive benefits.

Aciphex*^	Brilinta	Flonase (fluticasone)*	Norditropin*	Savella
Actiq (fentanyl citrate)*	Bydureon	Forteo*	Nutropin, AQ*	Serostim*
Advcor	Byetta*	Frova*	Nuvigil*	Simcor*
Allegra^ (fexofenadine)*	Bepreve^**	Genotropin*	Optivar^ (azelastine)*	Sonata (zaleplon)*
Allegra D^ (fexofenadine/ PSE)*	Clarinex, D^*	Humatrop*	Orencia	Stadol N.S. (butorphanol)*
Ambien (zolpidem)*	Cymbalta	Humira*	Pataday^**	Symbicort
Ambien, CR (zolpidem ER)*	Dexilant*	Imitrex (sumatriptan nasal, tab & inj)*	Patanol^**	Testim
Amerge (naratriptan)*	Diabetic Test Strips (Accu-Chek and One Touch brand products are formulary)	Kytril (granisetron)*	Plavix (clopidogrel)*	Tev-Tropin*
Androderm*		Lexapro (escitalopram)*	Pradaxa	Treximet*
AndroGel		Lunesta*	Prevacid^ (lansoprazole)*	Veramyst
Anzemet*	Effient	Maxalt, MLT	Prilosec^ (omeprazole)*	Xyzal^ (levocetirizine)*
Astelin (azelastine)*	Elestat^ (epinastine)*	Migranal*	Pristiq	Zegerid^ (omeprazole/bicarb)*
Astupro	Emend*	Nasarel (flunisolide)*	Protonix^ (pantoprazole)*	Zofran (ondansetron)*
Avinza	Enbrel*	Nasonex	Relpax*	Zomig, ZMT*
Axert*	Fentora*	Nexium	Rozerem*	Zorbtive*

**STEP THERAPY:** requires that you first use a specific medication before alternatives therapies may be tried or prescribed.

Adderall (amphetamine/ dextroamphetamine^#) - generic only	Betaseron*	Elidel	Prevacid*^	Vytorin*
Aciphex*^	Bydureon	Lipitor*^	Prilosec*^	Xyzal*^
Ambien, CR (zolpidem ER)*	Byetta*	Nasacort AQ*	Protonix*^	Zegerid*^
Apidra*	Celebrex*	Nasarel	Protopic	Zetia*
Arthrotec*	Dexilant*	(flunisolide)*	Rhinocort Aqua*	
Beconase AQ*	Diabetic Test Strips (Accu-Chek and One Touch brand products are formulary)	Omnaris*	Roserem*	
		Pataday*^	Sonata*	
		Patanol*^*	Suboxone SL Tab	

**DOSE OPTIMIZATION:** normally involves the conversion from twice-daily dosing to a once-daily dosing schedule. A once-daily dosing schedule may increase compliance and decrease expenses for you and your health plan.

Medications in the following categories are included in the dose optimization edits.

Antidepressants      Cholesterol reducing medications      Certain blood pressure medications

Not all medications and not all plans are subject to prior authorization and quantity limits. For more information regarding prior authorization or quantity limits, contact Member Services at the telephone number listed on your identification card.

**For Kentucky Residents Only:** In selecting medications for the prescription drug list, the therapeutic efficacy and cost effectiveness are addressed for each category. All therapeutic categories are represented on the drug list by at least one medication. When a closed drug list is in effect, only medications that are included on the drug list are a covered service. In certain clinical situations, a member may require use of a non-covered product. Anthem has criteria that permits a member to obtain a non-covered medication in a closed drug list plan. If specific criteria are met, a member can receive a non-covered drug for a drug list copay. The criteria preserves the clinical integrity of the drug list and provides a process by which deviations from the drug list may be allowed. An appeals process is in place for any medications that do not meet the criteria.



**For more information, please visit [anthem.com](http://anthem.com).**

- If you have additional questions about your prescription benefits please call the Member Services number on your ID card
- Speech and hearing impaired (TDD/TTY users) should call 800-221-6915, Monday – Friday, 8:30 a.m. – 5:00 p.m., ET
- For the most current version of this prescription drug list, please visit [anthem.com](http://anthem.com)
- Bring a copy of this drug list to your next doctor's visit to assist in selecting the lowest cost medications

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